

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted
beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 166

Place of Birth Globe, County Gila No. 111 St. 111
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Female</u>			

DATE OF BIRTH*	192 <u>8</u>
<u>March 28</u> (Month) (Day) (Year)	

I HEREBY CERTIFY that the child described herein has
been named

Alva Gene Nell Joy
(Give name in full) (Surname)

Virgie Mae Joy
(Parent's signature)

118-328-545
(Signature of Physician or Midwife.)

FULL* NAME	FATHER
<u>Todd Joy</u>	

FULL* MAIDEN NAME	MOTHER
<u>Virgie Mae Martin</u>	

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.